

SUPPORT FOR PARENTS OF YOUNG CHILDREN (SPYC) Referral Form

Email jen.mantyka@options.bc.ca
 Fax 604.583.1056



Social Worker or Referring Agent _____	District # _____	Date _____
Tel _____	Fax _____	
E-mail _____		

PARENT/GUARDIAN

Last Name _____ First Name _____
 Birth Date _____ Tel _____ Cell _____
 Address _____ City _____ Postal Code _____
 Email _____
 Aboriginal Heritage Yes No Primary Language _____
 Emergency Contact _____ Tel _____

SPOUSE/PARTNER

Last Name _____ First Name _____
 Tel _____ Cell _____

CHILDREN

Names	M	F	Birth Date (dd/mm/yy)

AREAS OF INTEREST *(check boxes that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Child Development
<i>Physical, Emotional, Social, Language and Brain Development.</i> | <input type="checkbox"/> Attachment
<i>Relationship, Safety, Security, Affection and Bonding</i> |
| <input type="checkbox"/> Mental Health
<i>Anxiety, Autism, ADD/ADHD and other.</i> | <input type="checkbox"/> Nutrition
<i>Healthy eating food guide. Introduction of foods. Food allergies and</i> |
| <input type="checkbox"/> Discipline
<i>Age appropriate expectations. Positive discipline strategies. Guiding through play.</i> | <input type="checkbox"/> Child Care
<i>Information, resources and referrals to child care providers or preschools.</i> |
| <input type="checkbox"/> Routine
<i>Setting up consistent naptime, bedtime, mealtime, play time and free time.</i> | <input type="checkbox"/> Resiliency/Adaptability
<i>Changes in environment, coping and competence.</i> |

PRESENTING CONCERNS

- | | | |
|--|---|---|
| <input type="checkbox"/> Aggression | <input type="checkbox"/> Emotional Regulation | <input type="checkbox"/> Separation/ Loss |
| <input type="checkbox"/> Setting Up Routines | <input type="checkbox"/> Sibling Rivalry | <input type="checkbox"/> Toilet Training |
| <input type="checkbox"/> Healthy Eating | <input type="checkbox"/> Communication | <input type="checkbox"/> Discipline |

Additional Comments/Explanations

IMPORTANT SOCIAL HISTORY

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Education/Literacy | <input type="checkbox"/> Relationship Issues | <input type="checkbox"/> Cultural Issues | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Substance Misuse | <input type="checkbox"/> Abuse | <input type="checkbox"/> Legal Issues | <input type="checkbox"/> Low Income |

Additional Comments/Details
